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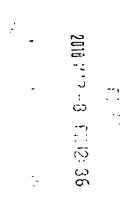
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Sword Otreach Men	ntoring and Resource Center, Inc
N09000009626 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Terance Beauford	
	(Name of Contact Person)
Sword Outcach Mentorng and Resource Center, Inc	
	(Firm/ Company)
1211 Ave Q	
	(Address)
Fort Pierce, Fl 34953	
	(City/ State and Zip Code)
swordoutreachministries@gmail.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Terrance Beauford	772 204-5015
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Ancidaen Section	Amenament Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation

2018	:: n	-3	îii iz:	36
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of Sword Outreach Mentoring and Resource Center, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N09000009626 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	T	_	Ruby Smith	P.O. Box 2876
Add				Ft. Pierce, Fl 34954
X Remove				
2) Change	T	_	Con nie Moore-Williams	P.O. Box 2876
X Add				Ft. Pierce, Fl 34954
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add	<u></u>	_		
Remove				
5) Change				
Add	<del></del>	_		
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
n/a			

	n/a	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	2/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) il.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
03/02/201 Dated	8	
Signature	AB f	
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Теттапсе	Beauford	
	(Typed or printed name of person signing)	
President	/CEO	
	(Title of person signing)	